

**Public Health -Seattle & King County**  
***Farmers Market/Recurring Event – Coordinator's Checklist***  
**2004**

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**ANNUAL COORDINATOR'S FEE - \$100.00**

**RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE *THIRTY (30) DAYS BEFORE EVENT***

*By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants of the Health Department requirement: the Temporary Food Permit application must be received no later than **TWO (2) WEEKS PRIOR TO THE EVENT.***

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1. **NAME OF EVENT/Market** \_\_\_\_\_ **Date s of Event/Market** \_\_\_\_\_

2. **DESCRIBE EVENT/Market Location** \_\_\_\_\_  
\_\_\_\_\_

3. **NAMES OF EVENT/MARKET COORDINATORS/RESPONSIBLE INDIVIDUALS:**

|    | <u>Name</u> | <u>Address</u> | <u>Phone #<br/>(work &amp; home)</u> |
|----|-------------|----------------|--------------------------------------|
| a. | _____       | _____          | _____                                |
| b. | _____       | _____          | _____                                |
| c. | _____       | _____          | _____                                |
| d. | _____       | _____          | _____                                |

4. **NUMBER OF ANTICIPATED FOOD VENDORS:** \_\_\_\_\_

5. **DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD BOOTH PARTICIPANTS:**

|    | <u>Date</u> | <u>Time</u> | <u>Location</u> |
|----|-------------|-------------|-----------------|
| a. | _____       | _____       | _____           |
| b. | _____       | _____       | _____           |
| c. | _____       | _____       | _____           |

6. **TIME OF:** a. **EVENT/MARKET SET-UP:** \_\_\_\_\_  
b. **EVENT/MARKET OPERATION:** \_\_\_\_\_

7. **DESCRIBE AVAILABLE RESTROOM FACILITIES FOR FOOD SERVICE WORKERS OF BOOTHS (within 200 feet of booth; with flush toilets & hot & cold running water). Letter of availability may be required. (NO PORTABLE TOILET FOR FOOD WORKERS)**  
\_\_\_\_\_  
\_\_\_\_\_

8. **WHO WILL BE SUPPLYING PORTABLE TOILETS FOR THE PUBLIC?** \_\_\_\_\_

(Portable toilets are sufficient for public patronage, but not food workers)

9. **WILL ELECTRICITY BE PROVIDED TO THE FOOD VENDORS** ☐Yes ☐No **If yes, describe:** \_\_\_\_\_

10. **LOCATION OF EQUIPMENT/UTENSIL WASHING FACILITIES PROVIDED FOR FOOD VENDORS**

a. **describe:** \_\_\_\_\_  
b. **describe water supply:** \_\_\_\_\_  
c. **describe waste water disposal:** \_\_\_\_\_

11. **HOW WILL GARBAGE BE DISPOSED? (i.e., available dumpsters, schedule for garbage removal, etc.):**  
\_\_\_\_\_

12. \_\_\_\_\_  
**(Signature)** **(Title)** **(Date)**

**NORTHSHORE**  
10808 NE 145th St.  
Bothell, WA 98011  
206-296-9791

**DISTRICT HEALTH CENTERS**  
**DOWNTOWN**  
2124-4<sup>th</sup> Ave, 4<sup>th</sup> Floor  
Seattle, WA 98121  
206-296-4632

**ALDER SQUARE**  
1404 Central Ave. S., Ste 101  
Kent, WA 98032  
206-296-4708